



WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Economic Support
Bureau of Work Support Programs

TO: **Economic Support Supervisors
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies**

FROM: Stephen M. Dow
Policy Analysis & Program Implementation Unit
Work Programs Section

BWSP OPERATIONS MEMO

No.: 00-77

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Non W-2 ☒ W-2 ☐ CC ☐

PRIORITY: High

SUBJECT: **FAMILY CARE: LONG TERM FUNCTIONAL SCREEN CARE LEVELS
AND RELATIONSHIP TO MEDICAID AND FAMILY CARE ELIGIBILITY**

NOTE: The following information impacts only Family Care pilot counties and only clients who have chosen to enroll in the Family Care Program. It does not impact clients in any county that is not a Family Care pilot or those in Family Care pilot counties who have elected to access the regular Home and Community Based Medicaid Waiver programs where those programs exist independent of Family Care.

EFFECTIVE DATE: Immediately

PURPOSE

This memo introduces the 'levels of care' determined in Family Care by the newly approved Long Term Care Functional Screen (LTCFS). In addition, it explains the process for entering in CARES the two LTCFS comprehensive levels of care for both Medicaid (MA) Home and Community Based waiver eligibility and non-waiver financial eligibility as they pertain to the Family Care program.

BACKGROUND

The Department of Health and Family Services (DHFS) has received approval from the federal government to use the LTCFS to determine Family Care functional eligibility and Home and Community Based waiver functional eligibility for persons participating in the Family Care program. Previously, another document, the Community Options Program (COP) functional screen, was used to set waiver functional eligibility care levels for Family Care enrollees. So, up until now the LTCFS only functioned to provide data that was entered on the CARES Family

Care screen (ANFR) and the COP functional screen result was entered on the CARES Community Waiver screen (ANCW).

The LTCFS functional care level provided to Economic Support (ES) staff by the case manager is entered into CARES and the appropriate Family Care MA or Family Care non-MA eligibility is determined.

FAMILY CARE FUNCTIONAL CARE LEVELS

There are four Family Care functional care levels:

1. Grand-fathered (G)
2. Intermediate (I)
3. Comprehensive- non-nursing home (COM)
4. Comprehensive- nursing home (CNH)

Until now, the case manager, on referral, has given ES both a Family Care level of “comprehensive”, “intermediate” or “grandfathered” as well as informing ES whether the person is functionally eligible for a Home and Community Based waiver. With the implementation of the LTCFS, the comprehensive functional level is now either a “comprehensive nursing home” level of care or a “comprehensive non-nursing home” level of care. The comprehensive nursing home level of care designation indicates the person is functionally eligible for the Home and Community Based MA waivers under the Family Care program and therefore MA waiver logic can be applied. The comprehensive non-nursing home level of care means that in the Family Care program MA eligibility cannot be determined using community waiver eligibility criteria. A Family Care applicant who receives a comprehensive non-nursing home level of care may access the Family Care benefit through regular MA eligibility logic or non-MA Family Care eligibility criteria.

LTCFES LEVELS OF CARE AND IMPACT ON FAMILY CARE ELIGIBILITY

In Family Care, the only care level which allows a person to access the expanded eligibility of the Community Waivers MA logic is the “Comprehensive-Nursing Home (CNH)” level of care.

To further explain how the Family Care LTCFS functional care levels impact a person's application for MA or non-MA Family Care, the following chart is offered:

FUNCTIONAL CARE LEVEL	PUBLIC SUBSIDY OPTIONS
1. Grand-fathered (G)	A. Family Care non-MA B. Non-waiver or regular MA
2. <i>Intermediate (I)</i>	A. <i>Family Care non-MA*</i> B. <i>Non-waiver or regular MA</i>
3. <i>Comprehensive (COM)</i> <i>(not nursing home eligible)</i>	A. Family Care non-MA B. Non-waiver MA or regular MA
4. Comprehensive Nursing Home (CNH)	A. <i>Family Care non-MA</i> B. <i>Non-waiver or regular MA</i> C. Waiver MA
*Note: Persons with this level of care need and public subsidy option are entitled to the Family Care benefit only if they are in need of Adult Protective Services (APS).	

MODEL REFERRAL FORM

Attached to this memo is a model referral form that may be used by the Resource Center in a Family Care pilot county to relay information to ES. The form includes the Family Care functional care levels addressed above as well as other information needed by ES to enter SSI information in CARES for SSI recipient Family Care enrollees. Should a county choose not to use the model referral form, another method of equating the Family Care functional care levels for the ES unit and sharing needed eligibility information will have to be established.

The final electronic page of the long term care functional screen which gives the level of care after entering the screen into the computerized program is now required to be printed out by the Resource Center. This printed page of the LTCFS is proof of the determination of the Family Care level of care. The attached referral form notes that this page of the screen should accompany the referral form, if the county selects to use this model form. Should a county choose not to use the model referral form, another method of equating the Family Care functional care levels for the ES unit and sharing needed eligibility information will have to be established.

CARES ENTRY

In Family Care, the only care level which allows a person to access the expanded eligibility of the Community Waivers MA logic is the "Comprehensive-Nursing Home (CNH)" level of care. Make CARES entries as follows:

1. If the functional care level is (I) Intermediate, (G) Grandfathered or (COM) Comprehensive non-nursing home:
 - a. ANCW is filled out with community waivers functional eligibility as "N" for "no"

- b. ANFR is completed as appropriate (Family Care functional eligibility “G” “I” or “C”. Note that “C” is used for both comprehensive non-nursing home and comprehensive nursing home levels of care)

No waiver logic is triggered. The MA determination is done for appropriate non-waiver MA categories. If no MA eligibility is found, Family Care non-MA eligibility is determined.

- 2. If the functional care level is (CNH) Comprehensive-nursing home:
 - a. ANCW is filled out with community waivers functional eligibility as “Y” for “yes”
 - b. ANFR is completed as appropriate (Family Care functional eligibility “C”)

Waiver logic is used to determine eligibility. If no MA eligibility is found, Family Care non-MA eligibility is determined.

LTCFS LEVELS OF CARE AND IMPACT ON COMMUNITY WAIVER ELIGIBILITY

For individuals applying for one of the MA Home and Community Based Waivers and not enrolling in Family Care, the COP functional screen is used to determine the person’s functional care eligibility. Use of the LTCFS has been approved by HCFA to only set care levels for individuals enrolling in Family Care and accessing MA eligibility via one of the MA Home and Community Based Waivers (CIPIA, CIPIB, CIPII or COP-W).

CONTACTS

DES CARES & Policy Call Center Email: carpolcc@dwd.state.wi.us
Telephone: (608) 261-6317 (Option #1)
Fax: (608) 266-8358

Note: Email contacts are preferred. Thank you.

DHFS/Division of Health Care Financing/Bureau of Health Care Eligibility

Sharon Hron
Email: hronsa@DHFS.state.wi.us
Telephone: (608) 266-0157 FAX: (608) 266-1096

(CARES AGENCY MODEL REFERRAL FORM)**COMMUNITY LONG TERM CARE SERVICES REFERRAL TO ECONOMIC SUPPORT**

APPLICANT NAME _____ SSN: ____/____/____

DATE OF REFERRAL FROM CASE MANAGER/RESOURCE CENTER TO ECONOMIC SUPPORT UNIT ____/____/____

CASE MANAGER NAME/ADDRESS/PHONE NUMBER:

_____**FAMILY CARE FUNCTIONALLY ELIGIBLE? (CIRCLE LEVEL OF CARE)**

“CNH”: COMPREHENSIVE NURSING HOME ELIGIBLE : YES NO

Medicaid Waiver Eligible?: (If “yes” to CNH level, YES to waiver)

“COM”: COMPREHENSIVE NOT NH ELIGIBLE: YES NO

Medicaid Waiver Eligible?: (If “yes” or “no” to COM level, NO to waiver)

INTERMEDIATE: YES NO

GRANDFATHERED: YES NO

Note: Attach last page of LTC Functional Eligibility Screen indicating Level of Care

FAMILY CARE GRANDFATHERED? If yes, amount of actual care plan cost _____

IS THIS PERSON A “**NON-WAIVER REFERRAL**” (NOT FUNCTIONALLY ELIGIBLE FOR COMMUNITY WAIVERS OR FOR FAMILY CARE AT THE COMPREHENSIVE-NURSING HOME LEVEL, BUT IS FUNCTIONALLY ELIGIBLE FOR FAMILY CARE AT THE COMPREHENSIVE OR INTERMEDIATE LEVEL AND REQUESTS MA DETERMINATION)?
YES NO

PACE/PARTNERSHIP LEVEL OF CARE: (CIRCLE ONE): ICF, SNF IF AVAILABLE)TYPE OF LONG TERM CARE PROGRAM **TARGET GROUP ELIGIBILITY**

(CIRCLE ONE):

CIPIA CIPIB CIPII/COP-W BRAIN INJURY WAIVER PACE PARTNERSHIP

MEDICAL /REMEDIAL EXPENSES AND CARD COVERABLE COSTS

MONTHLY MEDICAL/REMEDIAL EXPENSES (Group B Waiver) \$ _____

MONTHLY MEDICAL/REMEDIAL EXPENSES (Group C Waiver) \$ _____

MONTHLY MA CARD COVERABLE EXPENSES (Group C Waiver) \$ _____

MONTHLY MEDICAL/REMEDIAL EXPENSES (Non-MA Family Care) \$ _____

DOES THE **CMO** HAVE **CAPACITY** TO SERVE THIS PERSON? YES _____ NO _____

(NEXT PAGE)

LEGAL/AUTHORIZED REPRESENTATIVE

IS SOMEONE ACTING ON THIS PERSON'S BEHALF? (CIRCLE IF APPROPRIATE)

GUARDIAN POA AUTHORIZED REPRESENTATIVE

NAME _____ PHONE _____

SUPPORTIVE INFORMATION (HEARING IMPAIRED, WHEELCHAIR, NON-ENGLISH SPEAKING) _____ADDITIONAL INFORMATION FOR AN SSI REFERRAL**RESIDENCE ADDRESS** _____**MAILING ADDRESS** _____**DATE OF BIRTH** _____ **RACE** (Optional) _____**MEDICAID ID IF DIFFERENT FROM SSN** _____**SEX** _____ **PRIMARY LANGUAGE** _____**GUARDIAN/POA NAME AND ADDRESS** _____**CITIZENSHIP STATUS** (Alien registration number if not a citizen)
_____**DISABILITY STATUS** (if not age 65 or older) _____**ADDITIONAL INFORMATION** _____
